



MONTGOMERY COUNTY DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



MAIL APPLICATION TO: Licensing and Registration • 100 Maryland Avenue, 4th Floor • Rockville, Maryland 20850

Telephone 240-777-3666 • TTD 240-777-3679

www.montgomerycountymd.gov/dhcalicensing

RENTAL HOUSING LICENSE APPLICATION

SINGLE FAMILY AND CONDOMINIUM

IMPORTANT INFORMATION (Read Carefully):	FEE is	s Not Prorated	OFFICE USE ONLY
Incomplete applications will delay the license.			Entered
 Application MUST be signed. Application MUST be mailed with payment. Payment: Check or Money Order only 	\$98.00 □ Single Family □ Townhouse/□Back to □ Duplex/□Quadraplex	\$56.00 ☐ Garden Style Co Back ☐ High Rise Style Co ☐ Piggyback Town	ndo Condo Deposit By
Payable to: Montgomery County MD		Fiscal Year: July 1 to	
☐ Please email me license confirma	tion Email Addres	ss:	
		confirmations no	emailed if information missing
RENTAL PROPERTY INFORMATION:			
Name of Community Association		Associa	ation Dues/Fees Current? YES □ NO □
Rental Street Address			Unit #
City	MD Zip Cod	e	Recent Purchase (date)
Start Date of Rental F			{If so, copy of HUD-1 form required
# of Occupants # of Kitchens			
Relative Occupied? YES □ NO □ Circle Re			
OWNER INFORMATION: ***Sole Ow	vnership □ Trust □	□ ***Partnership/	LLC □ Corporation □
Driman, Oumar (Salutation)			
Primary Owner (Salutation)			
			equired If you use PO Box or Out of State
Street Address		[A Legal Agent R	
Primary Owner (Salutation) Street Address City Work Phone # Hor	State	[A Legal Agent R	Zip Code
Street Address	State me Phone #	[A Legal Agent R	Zip Code ar Phone #
Street Address City Work Phone # Hor	State me Phone # Email Address	[A Legal Agent R	zip Codear Phone #
Street Address City Hor Fax # ***Must provide information for all owners and	State me Phone # Email Address nd/or partners/members hole	[A Legal Agent R	zip Codear Phone #ar Phone #
Street Address City Hor Work Phone # Hor Fax # ***Must provide information for all owners and CORPORATION INFORMATION: [Resident	State me Phone # Email Address ad/or partners/members hole ent Agent is required for	[A Legal Agent R Country Cellula ding 10% or more interest r Corporate Ownersh	zip Codear Phone #ar Phone #
Street Address City Hor Work Phone # Hor Fax # ***Must provide information for all owners and CORPORATION INFORMATION: [Resident Corporation Name	State me Phone # Email Address nd/or partners/members hole ent Agent is required for	[A Legal Agent R Country Cellula ding 10% or more interest r Corporate Owners!	zip Codear Phone #ar
Street Address City Hor Work Phone # Hor Fax # ***Must provide information for all owners and CORPORATION INFORMATION: [Resident Corporation Name Executive's Name:	State me Phone # Email Address nd/or partners/members hole ent Agent is required for	[A Legal Agent R Country Cellula ding 10% or more interest r Corporate Ownersl	zip Codear Phone #ar
City Hor Fax # ***Must provide information for all owners and CORPORATION INFORMATION: [Resident Corporation Name Executive's Name: Street Address	State me Phone # Email Address nd/or partners/members hole ent Agent is required for	[A Legal Agent R Country Cellula ding 10% or more interest r Corporate Owners!	Zip Codear Phone #
City Hor Fax # ***Must provide information for all owners and CORPORATION INFORMATION: [Resident Corporation Name Executive's Name: Street Address City	State me Phone # Email Address md/or partners/members hole ent Agent is required forState	[A Legal Agent R	Zip Code ar Phone # E. Please provide on separate sheet*** nip] Zip Code
City Hor Fax # ***Must provide information for all owners and CORPORATION INFORMATION: [Resident Corporation Name Executive's Name: Street Address	State me Phone # Email Address md/or partners/members hole ent Agent is required forState	[A Legal Agent R	Zip Codear Phone #

AGENT or MANAGEMENT INFORMATION:	*Adminis	strative Agent □ Management □
Agent/Management Name		*(Administrative Agent will receive all renewal bills)
Company Name:		
Street Address		
City	State	Country Zip Code
Work Phone# Cellula	ır Phone #	Fax Phone #
Email Address		
* * * * * Legal Agent REQUIRED – If ow *Resident or Legal Agent:	ner does i	not live in the State of Maryland or using a PO Box* * * * *
Resident/Legal Agent Name		(*Must be any Maryland Resident – Not the Tenant)
Company Name:		
Street Address		
City		State MD Zip Code
Work Phone# Cellula	ır Phone #	Fax Phone #
Email Address		
Legal Agent's Signature Required		Date
before January 1, 1950, it is required to be tested for 1. Is the property built before January 1, 1950?	r lead paint. YES □ N	
•	•	2, 3, & 4. You do not have to register your property with MDE.
If the answer is YES, please complete questio		
2. Is this property registered with MDE? YES ☐ Tracking #:	NO □ It	f NO, contact MDE 1-800-633-6101 to register.
3. Is the registration current? YES $\ \square$	NO □	
4. What is the Lead Inspection Certificate # for current te	enancy:	
Mail a photocopy of lead inspection certificate with applicate Maryland Department of Environment at 1-800-633-6101 ex	<u>ion</u> . For more xt. 4199 or 41	e information on requirements for obtaining your lead inspection certificate, contact 10-537-4199 or www.mde.state.md.us/lead .
result in having this rental license application der information on this application is true to the best owner address, or agent/contact information that understand penalty can be assessed in a civil cite	have authori nied and the p of my knowle I must notify ation of \$500	exation to sign on behalf of the owner. I understand that falsifying information can be or
_X Authorized Signature		Date
Authorized Signature		
Print or Type Name of Person Signing Please note: Montgomery County Government now uses the services of CheckAgain amount and electronically or via paper for the state's maximum allowable service fee. arrange payment for any outstanding checks and service fees due. www.checkagain.	Payment by check	k Management Services. If your check is returned unpaid, your account will be debited electronically for the original check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to

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